

Filing Fee \$20.00

**LIMITED LIABILITY PARTNERSHIP**

**STATE OF MAINE**

**APPLICATION FOR THE USE OF AN  
INDISTINGUISHABLE NAME**

\_\_\_\_\_  
Deputy Secretary of State

**A True Copy When Attested By Signature**

\_\_\_\_\_  
Deputy Secretary of State

\_\_\_\_\_  
(Name of Limited Liability Partnership Allowing Indistinguishable Name)

Pursuant to 31 MRSA §803-A.4, the undersigned limited liability partnership executes and delivers the following Application for the Use of an Indistinguishable Name:

**FIRST:** The above-named limited liability partnership hereby consents to the use of the following indistinguishable name:

\_\_\_\_\_

to \_\_\_\_\_  
(requestor of indistinguishable name)

**SECOND:** The entity in possession of the name undertakes to change its name to a name that is distinguishable on the records of the Secretary of State from the name of the applicant.

**THIRD:** The entity in possession of the name must change its name to:\*

\_\_\_\_\_

**DATED** \_\_\_\_\_

\*By \_\_\_\_\_  
(signature of a partner)

\_\_\_\_\_  
(type or print name and capacity)

\*This application must be accompanied by the applicable form to change its name as provided in Item Third.

\*Certificate **MUST** be signed by at least one **partner** (31 MRSA §826.1.B and §860.1).

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under 17-A MRSA §453.

Please remit your payment made payable to the Maine Secretary of State.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,  
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**